

Roles and Responsibilities of the Senior Pediatrics Resident on CTU

CanMEDS Roles: Medical Expert, Scholar, Manager, Communicator, Collaborator, Advocate and Professional

Responsibilities

Will be assigned to ONE Team at the start of their rotation for the duration of their rotation, for which they are subsequently responsible for the following:

Helps to co-ordinate prompt discharge of patients in the morning.

Responsible to assigning patients to the learners on the team.

Will ensure all patients are seen and proper documentation done by learners on all charts.

Will ensure all labs and referrals have been followed up by learners on all patients.

Junior Consultant role on morning rounds on assigned team, will do walk around rounds on all patients with the team.

Reports to attending after rounds on all patients (this needs to be decided on at the start of the rotation (the attending is encouraged to be available and in the building, but does not necessarily need to be present on morning rounds; however some attendings may prefer to be physically present during rounds in which case they should play a supervisory role).

Acts as 1st contact for Junior Residents and other learners.

Brings concerns/questions re rotation and learners to the ward Attending.

Will provide teaching at the bedside and sit-down teaching to learners on the team.

Will ensure the team is present at all scheduled ward teaching sessions, unless a team member is required to assess a consult/transfer in a timely manner.

Will ensure brief afternoon rounds are done to follow up on “to do “list and also to re-assess patients for possible discharge.

Will attend and lead the discussions at Multi-Disciplinary rounds.

Will be responsible for referrals from the ER on alternate days, Team 1 on odd days and team 2 on even days.

From 10:00 am to 12:00pm, the attending will take calls from the ER to allow the senior to conduct rounds. If the senior receives an ER call during that time, this should be directed to the attending.

Orientations

1. Introduce themselves & their role as Team Senior to the charge nurse, house-staff & team attendings and ensure their name, pager number and the team that they are responsible for is posted on White boards on 3B & 3C.
2. Orient new residents when starting at MUMC. This usually occurs around the first day of the month. Review with the team their expectations and review the orientation checklist with them.
3. Assign clinical clerks to their teams, clerks going on team three should be ones that will not be doing a St Joes rotation

4. Review www.macped.com, and also let house staff know about the general pediatric articles on line.
5. Review with the team the teaching and daily ward schedule.
6. Ensure 5301, 5302, and 5303 pager system is reviewed with the team, 5301 and 5302 should be carried by the CTU junior.
7. Please emphasize that the junior and off-service residents are also responsible for:
 - a. Supervising the clerks.
 - b. Following up on any patients they admitted from the ER.
 - c. Writing daily progress notes.
 - d. Writing a weekly summary note every Thursday clearly outlining treatment plans for each patient.
 - e. Writing a detailed off-service note for all patients prior to completion of the rotation.
 - f. Dictating BOTH admission and discharge summaries.
 - g. Ensuring the front page in the chart is filled out at discharge.
 - h. Handing over patients to another resident or clerk when post-call or leaving for half-day.

Morning Handover

1. Ensure on time attendance of all learners.
2. Ensure handover begins on time (7:15 am) with *brief* discussion of overnight admissions and pertinent issues that arose overnight.
3. Meet with the charge nurses from 3B and 3C after rounds at 9:15(huddle) to discuss any possible discharges.
4. Ensure learners are at their teaching session on time at 8 am.
5. Ensure each team re-types their team list by an appropriate time with the name of the responsible resident or clerk beside each patient.
6. Ensure the team communication tasks are completed.
7. Ensure 5301, 5302 and 5303 pager system is explained to the team.
8. Ensure complex and chronic patients are cared for by residents instead of clerks, to improve continuity of care.

Education

1. Ensure learners attend all ward teaching sessions on time.
2. Ensure teaching sessions have been assigned to the house staff for the case based sessions.
3. Please refer to the ward teaching schedule for details.
4. Provide bedside and case based teaching to learners based on the cases on teams.
5. Provide feedback to learners regularly on their progress.
6. Provide a list of radiology cases to the radiologist a few days in advance of the scheduled radiology teaching sessions.

Call and Post Call

Junior and Senior Pediatric Residents should not be on call together and therefore not post call the same day if possible.

An effort will be made to ensure senior resident is not post call on Mondays.

Residents will leave after morning teaching.

All protected teaching times will be respected.

Vacation

Residents may take 1 week of vacation per four week block on CTU.

Junior & Senior pediatrics residents should avoid taking vacation leave at the same time if possible.

If a senior resident takes vacation/professional leave, it is the responsibility of the staff-attending for their team to assume the SPR CTU role during their absence, including running rounds, being available to house-staff for questions, following-up on investigations in the afternoon, ensuring documentation, etc.

All requests need to be approved by Division of General Pediatrics Office prior to starting the rotation as per PAIRO.

Discharge Planning

Each morning, patients ready for discharge will be discharged early by the Residents if discharge criteria are met

Discharges for the next day will be decided upon the afternoon before and all arrangements made (e.g. follow up appointments and outpatient investigations).

Patients should be re-assessed in the afternoon for possible discharge.

Administrative

The senior resident should ensure efficient workings of the teams. They should provide back up and support to the junior learners. They should demonstrate and teach time management to the junior learners. They should be at handover at 7:15 sharp to ensure these rounds are efficiently run. They need to attend and be prepared to run multi-disciplinary rounds weekly.

1645

If both residents are present on CTU, the senior resident on the admitting team will carry 1645 for the day. From 10am until noon, the ER staff will page the CTU staff on service directly for consults. If the ER pages 1645 during that time, the senior can make their staff aware, who can return the call to the ER.

If there is only 1 senior resident on CTU (Due to either vacation, sick day, or post call days) 1645 will be held as follows:

If the senior on CTU is on the accepting team, they will carry 1645 as above.

If the senior on CTU is not on the accepting team, the senior resident present will carry 1645 for the day. The staff on the team on intake will accept ER consults on their personal pager from 10am until noon and will triage consults as needed. If during rounds the senior gets pages from ER, they can let the staff on intake know, and they can call the ER back. The senior resident present will cover 1645 for the afternoon. The full consult will be given to a junior resident to see. The senior will review the completed consult with the accepting staff physician.

The senior resident who was absent will not need to repay the covering senior resident.